



Department of Medical Assistance Services  
600 East Broad Street, Suite 1300  
Richmond, Virginia 23219

[www.dmas.virginia.gov](http://www.dmas.virginia.gov)

# MEDICAID MEMO

**TO:** All Home and Community Based Care Waiver Service  
Providers and Managed Care Organizations  
Participating in the Virginia Medical Assistance  
Programs

**FROM:** Patrick W. Finnerty, Director  
Department of Medical Assistance Services

**MEMO:** Special

**DATE:** 12/14/2006

**SUBJECT:** Updates and Clarification of the Prior Authorization Process for Community Based  
Care Services

The purpose of this memorandum is to provide periodic updates and clarification for the prior authorization (PA) process with Virginia Medicaid's PA contractor, Keystone Peer Review Organization (KePRO). This memorandum is one in a series of updates that will assist providers in obtaining PA-related information that will expedite the review process. We understand that some providers still are experiencing delays, however, we are seeing progress in the correct submission of Prior Authorizations by providers and in the number of PAs being processed by KePRO. We appreciate the provider input and suggestions given to us which have helped facilitate a greater understanding of providers' needs. We ask for your patience and understanding during this transition as we continue to improve upon the current process.

## **Timely Filing Requirements**

**Starting January 1, 2007, timely submission for requests will again be applied and determinations will be made based on timeliness.** DMAS has extended the relaxed requirement of timely submission for PA requests through December 31, 2006. This applies for request dates beginning June 19, 2006 (at the time of the KePRO implementation for waivers).

## **New Developments from DMAS and KePRO**

### *Prior Authorization Advisory Group*

DMAS and KePRO have jointly worked together to develop a Prior Authorization Advisory Group (PAAG). The first meeting was held in Charlottesville on October 31, 2006.

- The purpose of the PAAG is to provide a forum for providers in the healthcare community to give input on education and planning with KePRO.
- Members will disseminate information to their provider groups.

- Goals are to provide continual feedback on the transition and implementation processes; to develop an education plan for providers in regards to the PA process; and to have all providers using iEXCHANGE in order to expedite the PA process.
- The PAAG helps select appropriate topics for education, to include education on change methodologies and process redesign, to include best practices and the opportunity for process to share with each other their success and lessons learned in order to help each other in an efficient, cost effective manner.
- The PAAG member representatives are listed at the end of this memo. Providers may contact their respective representative to obtain or provide information appropriate to meet the goals of the PAAG.
- Meetings will be held three times per year.

#### *Quarterly Newsletter from KePRO*

KePRO has developed a newsletter, ***Insider***, for providers to keep them up to date on various issues.

- The newsletter is available for review and downloading at the DMAS/KePRO website: <http://dmas.kepro.org>.

#### **Helpful Submission Tips for Quickest Processing**

- When submitting additional information on an open case, it is preferred that the additional information is submitted through the same media type as the initial request. For example, if you make an initial request through iEXCHANGE and need to submit additional information, it is preferred that you make the request to add information via iEXCHANGE. If the initial request is made via fax, then submitting additional information is preferred by fax.
- Please include the diagnostic code in locator 10 on the DMAS-98 (Community Based Care Request for Services form). If you do not know the specific code, the narrative term may be used for waiver submission. (Example: for insulin dependant diabetes, the ICD-9 code is **250.01**; if you do not know this code, it is acceptable to write in “insulin dependant diabetes”.) *The narrative diagnosis may only be used for waiver services.*
- Be sure to provide necessary information to justify and correspond to the amount of service being requested. Be sure to include the amount of services requested and your provider number for each service requested.
- When submitting a request for a transfer, include the last date of service from the previous provider. The last date of service is the last day hands-on care was provided to the recipient.
- When requesting supervision, please provide information from the DMAS-100 (Request for Supervision). Include support systems available to the recipient, and time support is available throughout the day.
- Please refer to the specific waiver manual for which the recipient is enrolled for specific information regarding services and information required to justify each service.

#### **Information Regarding Pends**

Pend is the general term used to indicate that the case has been received and is awaiting a decision, for any reason. A case detail line may be pended:

1. While it is in queue for clinical review.
  2. Because it was submitted with insufficient information to complete the clinical review (An "Additional Information" letter will be sent to the provider).
  3. While the case is being reviewed by a physician consultant.
- If the detail line is pended due to #2 or #3, a note will be available for review in the "iEXCHANGE Additional Comments" section of the case explaining the cause.

The overall Case Status will continue to indicate "PEND" even if some of the detail lines are approved or denied. If any detail lines are left pended for any reason, the Case Status will remain "PEND".

#### **Resource Information**

- Detailed instructions specific to submitting Waiver requests are found within the DMAS-98 (Community Based Care Request for Services Form). This form is located under "forms" on KePRO's website <http://dmas.kepro.org> or at [www.dmas.virginia.gov/prior\\_authorization.htm](http://www.dmas.virginia.gov/prior_authorization.htm).
- Should you have any questions regarding the prior authorization process, please send your inquiries via e-mail to [providerissues@kepro.org](mailto:providerissues@kepro.org) or [PAUR06@dmas.virginia.gov](mailto:PAUR06@dmas.virginia.gov). Remember do not send PHI by e-mail unless it is sent via a secure encrypted e-mail submission.
- All other Medicaid provider issues not related to prior authorization should be addressed through the Provider Helpline. The numbers are 1-800-552-8627 or if you are located in Richmond or out-of-state call 804-786-6273.

#### **KePRO Contact Information**

You may contact KePRO through the following methods:

**iEXCHANGE:** <http://dmas.kepro.org/>

**Toll Free Phone:** 1-888-VAPAUTH (1-888-827-2884)

**Local Phone:** (804) 622-8900

**Fax:** 1-877-OKBYFAX (1-877-652-9329)

**Mail:** 2810 N. Parham Road, Suite 305,  
Richmond, VA 23294

**Provider Issues:** [ProviderIssues@kepro.org](mailto:ProviderIssues@kepro.org)

#### **DMAS and KePRO Website Resources**

*The following resources are available on the DMAS and KePRO websites:*

1. iExchange Registration information
2. ICD9 diagnosis codes, outpatient rehab and home health revenue codes, and radiological scan procedure codes
3. Recent PA provider training presentations
4. Prior Medicaid Memos
5. PA Fax Request Forms and Instructions
6. PA Reference Guides
7. KePRO "Insider" Provider newsletter

### **Alternate Methods to Obtain PA, Eligibility and Claims Status Information**

DMAS offers a web-based Internet option (ARS) to access information regarding Medicaid or FAMIS eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification. To enroll for access to this system, go to <http://virginia.fhsc.com>. The MediCall voice response system will provide the same information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider. Providers may also access prior authorization information including status via iEXCHANGE at <http://dmas.kepro.org/>.

### **COPIES OF MANUALS**

DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS website at [www.dmas.virginia.gov](http://www.dmas.virginia.gov). Refer to the “DMAS Content Menu” column on the left-hand side of the DMAS web page for the “Provider Services” link, which takes you to the “Manuals, Memos and Communications” link. This link opens up a page that contains all of the various communications to providers, including Provider Manuals and Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet or would like a paper copy of a manual, you can order it by contacting Commonwealth-Martin at 1-804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates that are requested.

### **PROVIDER E-NEWSLETTER SIGN-UP**

DMAS is pleased to inform providers about the creation of a new Provider E-Newsletter. The intent of this electronic newsletter is to inform, communicate, and share important program information with providers. Covered topics will include changes in claims processing, common problems with billing, new programs or changes in existing programs, and other information that may directly affect providers. If you would like to receive the electronic newsletter, please sign up at: [www.dmas.virginia.gov/pr-provider\\_newletter.asp](http://www.dmas.virginia.gov/pr-provider_newletter.asp).

Please note that the Provider E-Newsletter is not intended to take the place of Medicaid Memos, Medicaid Provider Manuals, or any other official correspondence from DMAS.

## **Prior Authorization Advisory Group**

### **Purpose:**

To provide a forum for providers in the healthcare community to give input on education and planning with the new Prior Authorization contractor, KePRO. In addition, this will benefit all providers as they can quickly and efficiently disseminate information to their members.

### **Goals:**

- To provide continual feedback on the transition and implementation processes
- To develop an education plan for providers in regards to the Prior Authorization process
- Have all providers using iEXCHANGE in order to expedite the Prior Authorization process

### **Activities:**

- Help select appropriate topics for education, to include education on change methodologies and process redesign
- Include best practices and the opportunity for providers to share with each other their successes and lessons learned in order to help each other in an efficient, cost effective manner

### **Membership:**

#### Inpatient – Med/Surg

Scarlett Rucker, RHIT, LPN, CPUR, CCS  
Director of Health Information Management/ Utilization  
Management/Coding/Insurance Verification  
Twin County Regional Healthcare, Inc.

Mary S. Dias, Director  
Revenue Outcomes/Analysis  
Inova Health System

Patricia Steinbach, Director for  
Case Management and Utilization Review  
Carilion Medical Center

Holly Bradley-Carter, MT, BS (ASCP)  
PCAD Manager  
UVA Medical Center

#### Outpatient Psych

Terri A. Tuck, President  
Healthcare Administrative Services, LLC

### DME

Lisa C. Westen, Supervisor, Intake and Billing  
Roberts Home Medical

### Outpatient Rehab

Debbie Chapel, RN, CCM  
Case Manager  
Children's Hospital of the King's Daughters

### Inpatient Psychiatric

Ruth Poignant, RN  
Adult Psych. Unit- M3  
Virginia Baptist Hospital

### NEOP

Amy Isakson, Marketing/Business Operations Manager  
UVA Imaging at Fontaine

### Home Health

Marcia Tetterton, Executive Director  
Virginia Association for Home Care

### Treatment Foster Care

Kim Folden, MSW, LCSW  
Roanoke/Lynchburg Unit Director/Therapist  
Braley & Thompson, Inc.

### Treatment Foster Care Case Management

Patricia Morris-Howard, RNC  
Utilization Review  
Bridges Treatment Center

### Waiver

Bonnie Gordon, RN, CEO & Administrator  
Family Care, Inc.